

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						1			
2		1					1			
3		1					1			
4		1					1			
5		1					1			
6		1					1			
7		1					1			
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17		1					1			
18		V					1			
19		1					1			
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42		1					1			
43		1					1			
44		1					1			
45		1					1			
46		1					1			
47		1					1			
48		1					1			
49		1					1			
50		1					1			
TOTAL IND.	<u>2</u>						TOTAL IND.			
TOTAL DEP.	<u>214</u>						TOTAL DEP.			
TOTAL CLAIMS	<u>216</u>						TOTAL CLAIMS			